

Case Number:	CM15-0026553		
Date Assigned:	02/18/2015	Date of Injury:	01/26/2000
Decision Date:	04/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male who sustained an industrial injury to his lower back on January 26, 2000. The injured worker was diagnosed with lumbar disc disease and left lumbar radiculopathy. The injured worker underwent a lumbar laminectomy in April 2013. A lumbar magnetic resonance imaging (MRI) performed on February 15, 2014 demonstrated a L5-S1 left foraminal 3mm disc protrusion with abutment of the exiting left L5 nerve root and a L4-L5 right foraminal 4mm disc protrusion with abutment of the exiting right L4 nerve root. On August 18, 2014 a left L4-5 L5-S1 transforaminal epidural steroid injection (ESI) was administered. On Sept 16, 2014 an interventional pain management follow-up evaluation report noted 60% improvement with a decrease in radiation to the left leg with bending and stooping. On evaluation at this visit the injured worker described severe pain with radiation to the left lower extremity. According to the primary treating physician's progress report in October 2014 the injured worker noted minimal improvement from the epidural steroid injection (ESI). Electromyography (EMG)/Nerve Conduction Studies (NCS) performed on March 2, 2014 were negative. The injured worker continues to experience low back pain with radiation to the left buttock and thigh pain on straight leg raise test. Current medications consist of Norco and Viagra. Treatment modalities consist of home exercise program, electrical muscle stimulation unit and medication. The treating physician requested authorization for a Second Diagnostic Left L4-5 transforaminal Epidural Steroid Injection QTY: 1 and a Second Diagnostic Left L5-S1 Transforaminal Epidural Steroid Injection QTY: 1. On January 9, 2015 the Utilization Review denied certification for a Second Diagnostic Left L4-5 Transforaminal Epidural Steroid Injection QTY: 1 and a Second

Diagnostic Left L5-S1 Transforaminal Epidural Steroid Injection QTY: 1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Second Diagnostic Left L4-5 Transforaminal Epidural Steroid Injection QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines Part 2 Page(s): 46.

Decision rationale: The summary of the approach to evaluation and management of low back complaints in Table 12-8 includes ESI as optional for patients with radicular pain in an attempt to avoid surgery. Chronic pain treatment guidelines for ESI recommend no more than 2 injections for diagnostic purposes. The second injection can be used in the case of partial success. The expectation is that there can be an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection but this will not impact impairment of function or the need for surgery and does not provide long-term pain relief beyond 3 months. They should be performed using fluoroscopy and no more than two nerve root levels should be injected using transforaminal blocks. In the therapeutic phase repeat blocks should be based on at least 50% pain relief with reduction in medication use for 6 to 8 weeks and no more than 4 blocks per region per year. While the provider 16Sep14 reported a 60% improvement and a decrease in radiation to the L leg in bending and stooping the member at this same appointment reported the presence of severe pain with radiation to the LLE. A report from Oct 14 noted only minimal improvement from the ESI. An EMG accomplished 2Mar14 was reported to be negative. The IW continued to report LBP with radiation into the buttock and thigh on the LLE. The negative EMG and patient self-report of only a minimal benefit does not meet criteria to warrant a second diagnostic L4-5 Transforaminal ESI. Therefore, the UR Non-Certification is supported.

Second Diagnostic Left L5-S1 Transforaminal Epidural Steroid Injection QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines Part 2 Page(s): 46.

Decision rationale: The summary of the approach to evaluation and management of low back complaints in Table 12-8 includes ESI as optional for patients with radicular pain in an attempt to avoid surgery. Chronic pain treatment guidelines for ESI recommend no more than 2 injections for diagnostic purposes. The second injection can be used in the case of partial success. The expectation is that there can be an improvement in radicular lumbosacral pain

between 2 and 6 weeks following the injection but this will not impact impairment of function or the need for surgery and does not provide long-term pain relief beyond 3 months. They should be performed using fluoroscopy and no more than two nerve root levels should be injected using transforaminal blocks. In the therapeutic phase repeat blocks should be based on at least 50% pain relief with reduction in medication use for 6 to 8 weeks and no more than 4 blocks per region per year. While the provider 16Sep14 reported a 60% improvement and a decrease in radiation to the L leg in bending and stooping the member at this same appointment reported the presence of severe pain with radiation to the LLE. A report from Oct14 noted only minimal improvement from the ESI. An EMG accomplished 2Mar14 was reported to be negative. The IW continued to report LBP with radiation into the buttock and thigh on the LLE. The negative EMG and patient self-report of only a minimal benefit does not meet criteria to warrant a second diagnostic L5-S1 Transforaminal ESI. Therefore, the UR Non-Certification is supported.